

## Indiana Department of Homeland Security

### One Year Progress Report for "in the process" Level III Trauma Center

Hospitals that were granted status as an "in the process" Level III Trauma Center are asked to provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to demonstrate that your hospital continues to comply with the following requirements:

1. **Submission of trauma data to the State Registry.** The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within 30 days of application and at least quarterly thereafter.

Has your hospital submitted trauma data to the State Registry at least two out of the last four quarters?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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2. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee.

Have your Trauma Surgeon's maintained a response time as defined by the Optimal Resources document of the American College of Surgeons since granted "in process" Level III Trauma Center status? Provide your hospital's Trauma Surgeon response times including number of responses, response times and percentage within the required timeframe per Trauma Surgeon (documentation tool attached).	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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3. **Diversion policy.** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

Has your hospital maintained a diversion status of less than 5% of the time since granted "in process" Level III Trauma Center status? Provide your hospital's diversion documentation showing reason for diversion and dates and length of time for each time the hospital was on diversion (documentation tool attached).	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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4. **Orthopedic Surgery.** There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

**Critical Care Physician coverage.** Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage 24 hours per day. Supporting documentation must include a signed letter of commitment of proof of physician coverage 24 hours a day.

Have your Orthopedic Surgeons and Critical Care Physicians maintained coverage 24 hours per day since granted "in process" Level III Trauma Center status? <i>Provide your hospital's monthly Orthopedic and Critical Care physician call schedules since granted "in process" Level III Trauma Center status.</i>	Orthopedic Surgeons: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  Critical Care Physicians: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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5. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.

Has your Trauma Program Operational Process Performance Committee met at least quarterly since granted "in process" Level III Trauma Center status? <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i>	X YES <input type="checkbox"/> NO
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6. **Trauma Peer Review Committee.** There must be a multidisciplinary peer review committee with participation by the trauma medical director or designee and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses.

Have the trauma medical director or designee and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia attended your multidisciplinary peer review committee at least 50% of meetings since granted "in process" Level III Trauma Center status? <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i>	Trauma Medical Director: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO General Surgeon: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Orthopedic Surgeon: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Neurosurgeon: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Emergency Medicine: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Anesthesia: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Additional Information Necessary

Hospital Name and Mailing Address (no PO Box):

Community Hospital East

1500 North Ritter Avenue

Indianapolis, IN 46219

Previously known as (if applicable):

Date the "In the Process" status was granted:

Level Three Adult August 20, 2015

Level One Pediatric \_\_\_\_\_

Level Two Pediatric \_\_\_\_\_

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

Applying for Level III Adult Trauma Center

Consult Visit Scheduled January 25<sup>th</sup> and 26<sup>th</sup>, 2016

Trauma Medical Director:

NAME: Bernie Chabenne, MD, FACS

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell/Pgr #: \_\_\_\_\_

Trauma Program Manager/Coordinator:




NAME: Kristi Croddy, RN, BSN, CEN

Em \_\_\_\_\_

Office Phone: 3 \_\_\_\_\_

Cell/Pgr #: \_\_\_\_\_

**ATTESTATION:** In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

	Scott Teffeteller	9/24/2015
Chief Executive Officer Signature	Printed	Date
	Bernie Chabenne, MD, FACS	9/24/2015
Trauma Medical Director Signature	Printed	Date
	Kristi Croddy, RN, BSN, CEN	9/24/2015
Trauma Program Manager Signature	Printed	Date

01/22/2014

January 2014

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## Community Health Network

### CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ CHVH

CANCELS: 2/9/09; 5/23/12; 1/16/14

CORP#: CLN-2087

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EFFECTIVE: 2/2/15

### TITLE: READY TO SERVE/DIVERSION (AMBLUANCE DIVERSION)

#### Purpose:

To provide a plan for the orderly arrangement of staffing and patient placement during any situation that has the potential to cause a break in the provision of essential patient care and services. Examples include (but not limited to): a winter storm warning, internal or external disasters, Red Light Bed Alert and ambulance diversion.

#### Policy Statements:

1. The provision of high quality patient care is the primary focus of the Community Health Network (CHNw).
2. All departments that support patient care will maintain a roster which includes staff phone numbers, distance from the hospital and travel time to reach the hospital.
3. Staffing level that support patient care will be addressed if there is a Red Light Bed Alert, winter storm warning, code internal or external, or ambulance diversion.
4. In rare instances the need to consider diversion may be due to untoward patient volumes, high acuities, and compromised physical and/or available resources either in acute care or in the emergency department. In these situations, when there may not be sufficient patient beds and/or patient care staff to safely care for any additional patients, the delivery of ambulance patients to a facility may be temporarily diverted. The rationale of such a diversion is to allow optimal patient care, while causing the least amount of hardship to other hospitals, including other facilities in the CHNw, or to EMS providers.
5. When diversion is being considered:
  - a. Only one (1) of the large metropolitan hospitals (excluding Eskenazi) will be on diversion at any one time; this includes Community Hospital East (CHE), St. Francis, St. Vincent, and Methodist.
  - b. Only one (1) of the CHNw hospitals – East, North, and South –will be on diversion at any one time.
  - c. In a rare instance when patient safety dictates more than one facility to divert at once negotiation and collaboration occurs between sites and leaders, eg ED Directors, Nurse Managers, and Facility President, frequently to remedy the situation. The CHE House Supervisor, after collaboration with DART is empowered to make whatever decisions are necessary to avoid diversion, this may include mandating certain patient placements or staffing patterns.
6. A recommendation for diversion is made by the Emergency Department (ED) Director/designee after receiving data from the ED physician, the ED Patient Care Coordinator (PCC)/Charge Nurse, and the House Supervisor. The ED Director/designee then communicates and collaborates with the Vice President (VP) of Patient Care Services or designee for that facility to finalize the decision and determine the official diversion status, ie total or critical. The Regional Administrator on call will also be notified by the House Supervisor after hours. The cooperation of all site departments is necessary in order to implement this process. All patient care units, and all other applicable ancillary units, are expected to cooperate, negotiate in good faith, and work toward the common goal of managing patient flow and avoiding diversion.



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EFFECTIVE: 2/2/15

### General Information:

1. **DIVERSION (ambulance diversion):** The process of requesting EMS units to temporarily refrain from transporting incoming ambulance patients to a particular facility. Most often, diversion is due to unmanageable patient volumes, acuities, compromised physical resources or environment. Per agreement with metropolitan Indianapolis hospitals and EMS providers, there are seven recognized categories of diversion:
  - a. Critical Care Diversion – Diversion of patients likely to require the most intense level of care and services, and likely to be admitted to critical care beds and/or monitored beds.
  - b. Total Diversion – Diversion of all incoming ambulance patients. (NOTE: In the case of the following patients, the situation may be evaluated on a case-by-case basis: laboring mothers, patients in cardiac or respiratory arrest, patients in extremis, or ambulances which are in very close proximity to the hospital.)
  - c. Psych Diversion – At Community Hospital North (CHN), times exist when the Behavioral Health Pavilion must divert patients. In these instances, the Medical Director and/or Executive Director for Behavioral Health are in charge of making the decision and notifying the House Supervisor at CHE to initiate the diversion.
  - d. Cath Lab Diversion – Due to equipment failure in this department, diversion of patients with complaints likely to require this department's services is called and EMS units are alerted to divert those patients in order that they receive optimum care.
  - e. Specific Resource Diversion – This is not an officially recognized "diversion" status in the community at large. For example, CT scanner(s) are non-functional. Diversion of patients with complaints likely to require that resource is called and EMS units are alerted to divert those patients in order that they receive optimum care. This type of diversion lasts only until the resource/issue can be resolved.
  - f. Trauma Diversion- When one or more essential hospital resource is functioning at maximum capacity or otherwise unavailable, it may be in the best interest of a traumatically injured patient to be directed to an alternative facility for care. Such circumstances may occur but are not limited to the following: ED's capacity is saturated; critical patient care resources exceeds availability, ED resources are fully committed due to an internal/external disaster, Trauma Surgeons are not or will not be available in a timely manner, Operating Room is functioning at maximum capacity and will not have availability in a timely manner, no CT Scan availability. House Supervisor, ED PCC/Charge Nurse, ED Physician, Trauma Surgeon on call and/or Trauma Program Manager will collaborate to decide if Trauma Diversion should be initiated.
  - g. Immediate Detention Diversion: Security Supervisor deems that an unsafe environment exists due to the ratio of ID (Immediate Detention) patients to security staff available in the ED. Security Supervisor discusses with House Supervisor and ED PCC/Charge Nurse the need for ID Diversion until ID patient and security staff available reach a safe level.
2. **BEDS/PATIENT FLOW** - Bed Alerts are a declared situation and electronic communication is sent to alert the Network.
  - a. YELLOW LIGHT - approximately 91% occupancy of core beds.
  - b. BLUE LIGHT - indicates the number of ready/available beds exceeds the number of available staff.
  - c. RED LIGHT - nearing 100% occupancy; indicates the number of inpatients or admissions has exceeded the number of beds available.
  - d. Updated Bed Aggregation numbers for each facility are maintained at CHE in the House Supervisor's office.
  - e. The CHE House Supervisor is responsible for initiating the Network Alert daily.
3. **DART (Diversion Avoidance Response Team)**

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EFFECTIVE: 2/2/15

- a. The DART group convenes in person and/or via telephone when census/acuity is high, and diversion is a threat. The group's goal is avoiding diversion by whatever means possible, and they are empowered to do so by Senior Leadership. A meeting of this group is requested when it is felt that diversion issues may arise soon if plans are not implemented to alleviate patient overload. NOTE: If a diversion decision is needed emergently, the ED Director in consultation with the facility VP of Patient Care Services may make that decision emergently and DART can be convened forthwith to work on solutions to end the diversion status as quickly as possible.
  - b. The DART is comprised of:
    - House Supervisor
    - Emergency Department Clinical Director or designee
    - Nursing Site Leaders
    - Ancillary Site Leaders, eg., Case Management, Environmental Services
    - Facility President
    - Site-specific personnel as designated by Facility President
4. **EMERGENCY STAFFING PLAN** - consists of:
- a. Holding essential staff over for duty on subsequent shifts
  - b. And/or recruiting staff from alternative sources within the hospital network
  - c. And/or requesting transportation service through Security Dispatch for staff essential to patient care and who are unable to provide their own transportation
  - d. And/or providing lodging quarters, supplies, food, and compensation for staff, volunteers, and contracted service employees
  - e. The hospital may provide transportation for staff needed for essential patient care and services after all efforts for self-transportation have been exhausted. When making arrangements to pick up staff, the network commits to making arrangements to take staff back home via 4-wheel drive vehicles or prepaid taxi. However, the network cannot commit to the exact time staff will be taken home. The network cannot guarantee that there will be a sufficient number of 4-wheel drive vehicles (or taxi service) available to meet the demand for pick up and return.
5. CODE INTERNAL can include, but is not limited to loss of communications, utility failure (ie electric, water, medical gas, HVAC), bioterrorist threat, chemical spill or communicable disease outbreak. A Code Internal is a situation that has potential to disrupt the normal course of business, cause damage or create casualties.
6. CODE EXTERNAL can include but is not limited to bus/plane or multiple auto accident (resulting in patient influx), release of a toxic substance, bioterrorist attack terrorist attack or incident causing multiple injuries/casualties. A Code External at one site does not mean there needs to be a Code External initiated at all sites.
7. Electronic communication devices are used to notify the network of disasters, bed alerts, etc.
8. PAY PRACTICES: refer to Community Health Network Human Resource Policy and Procedure Manual.

### Procedure:

### DIVERSION

1. The ED identifies that it is unable to accommodate further patient influx.
2. The charge nurse in conjunction with the ED physician contacts the ED Director/designee, who will then coordinate efforts to alleviate the situation. The Director/designee will consult with the VP of Patient Care Services and the Region Administrator on call as needed to get the situation relieved. If the situation is not able to be relieved, the appropriate diversion may be called at this point.
3. The department notifies the CHE House Supervisor.



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4. The CHE House Supervisor pages all CHNw leadership, utilizing the network emergency alpha pagers: "Dart Meeting" with time and meeting place.
5. The DART is immediately activated, as follows (unless previously activated):
  - a. There is an immediate halt on all placements of admissions, while a rapid assessment of the situation is conducted; the halt applies to, but is not limited to the following areas/departments: ED, Operating Room (OR), Post Anesthesia Care Unit (PACU), Cardiac Cath Lab, and all inpatient and short stay/daybed units.
  - b. Guidelines for this rapid but thorough assessment may include, but are not limited to:
    - 1.) Analysis of numbers of patients throughout the facility
      - b.) in ED -- total and those to be admitted
      - c.) in the Cath Lab -- currently and slated
      - d.) the OR/PACU -- currently and slated
    - 2.) Assessment of number of available house beds, including pending discharges and transfers
    - 3.) Assessment of bed utilization
      - a.) Are all available beds being utilized?
      - b.) Are there any beds on the Pediatric or Family Rooms units? (Note: Pediatrics can take patients up to age 25 without special permission; Family Rooms can take non-infectious female patients)
      - c.) Does a unit (or units) need to "flex up"?
      - d.) Can patients be held in closed areas, eg, Endoscopy or Ambulatory Care?
      - e.) What closed beds can be re-opened immediately? In one hour? In four hours?
      - g.) Who else can be utilized to provide patient care - non-clinical and/or administrative nurses to provide direct patient care?
    - 4.) Movement of patients
      - a.) Has a particular patient's condition been upgraded, qualifying the patient for a lower level of care?
      - b.) Can patients be transferred to another CHNw facility? (i.e. cardiac patients going to CHVH the next morning for cardiac catheterization.)
6. If diversion is unavoidable, the CHE House Supervisor makes the following notifications, in this order, 24/7:
  - a. Notify EMS:

CHE	Mesh Indy TRAC System
Hancock County -- Buck and Sugar Creek	317-477-1144
CHN/CHVH/Behavioral Care	Mesh Indy TRAC System
Hamilton County	317-773-1282
CHS	Mesh Indy TRAC System
Brown Township	317-831-6366
  - b. Page all CHNw leadership, between 0600-2200, utilizing the network emergency alpha pagers: "Diversion" with what hospital and pertinent information related to the diversion.
7. CHE House Supervisor will log diversion information in the Network Diversion Log.
8. The entire situation will be re-evaluated, not less than every two (2) hours.
9. The diversion will be deactivated as soon as possible; the CHE House Supervisor will:
  - a. Notify EMS, following the above steps, see 6.a.
  - b. Page all CHNw leadership, between 0600-2200, utilizing the network emergency alpha pagers stating the diversion is over.
  - c. The CHE House Supervisor will log the information in the Network Diversion Log.





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### DECLARING A YELLOW, BLUE OR RED LIGHT BED ALERT

1. Each unit/department assesses bed availability for potential problems. Notify the House Supervisor at CHE via alpha-numeric pager 904-4110 of potential problems.
2. The CHE House Supervisor assesses daily at 0500, 1300, 2000, and PRN the number of current inpatients at all 4 Indianapolis Community Health Network hospitals
3. The CHE House Supervisor evaluates the information from all sites to determine if a Bed Alert needs to be called. The CHE House Supervisor will assess which are the most appropriate units to place centralized staff when supply and demand do not match, eg skill mix, on-call procedures.
4. When a RED LIGHT is called, departments may be notified of the potential need to hold patients.

### EMERGENCY STAFFING PLAN INITIATION:

1. Department Directors or designee determine staffing requirements for providing essential patient care and services (ie Nursing Service, Dietary, Laboratory, X-ray, and Maintenance) and initiate plans, which may include:
  - a. Retain current staff.
  - b. Recruit staff from alternative sources within the hospital network.
  - c. Request transportation service
  - d. For coordination, all nursing service units/departments communicate their individual nurse staffing status with Centralized Staffing (355-2137).

### TRANSPORTATION SERVICES

1. Leadership arranges employee transportation with Security (355-5296), making the request as soon as possible but not more than three (3) hours prior to employee's scheduled start time.
2. Security determines transportation assignments, considering:
  - a. Weather and road conditions.
  - b. Employees located in close proximity to others may in some cases determine pick-up priorities.
3. Safety & Security coordinates requests for return transportation with pick up requests. Pick up requests have priority over return transportation. Return transportation is scheduled on a first come, first serve basis.
4. Transportation vehicle pool:
  - a. All hospitals owned vehicles are available to the Transportation Pool
  - b. Security Dispatch contacts the Director of Facilities Engineering or designee in regards to providing transportation assistance
  - c. All drivers are issued a two – way radio or cellular phone.
  - d. Security dispatch records driver mileage.
  - e. Expenses (mileage) is recorded when non-hospital owned vehicles are used for the reimbursement of expenses under standard travel practices.
  - f. Fuel reimbursement and hourly wages to hospital and non-hospital employees will be paid fuel reimbursement and hourly wages after receipts are turned into the Secretary of Safety and Security.

### LODGING QUARTERS AND PROVISIONS:

1. If necessary, due to the projected length of severe, inclement weather or the projected length of the Internal Disaster, lodging quarters will be provided for employees who volunteer or are requested to stay in the hospital to staff projected vacancies.
2. Lodging will be coordinate by Environmental Services and House Supervisor.
3. Toiletries are coordinated through Materials Management.



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4. Food services are coordinated by Nutrition and Food Services. The Cafeteria will be available during regularly scheduled meal periods.

Owned by: CHE House Supervisor

Approved by: Infection Prevention  
Risk Management  
Safety and Security  
Emergency Department Directors  
Nutrition and Food Services  
Environmental Services

CLN Process Oversight Designee

Date: 1/5/15

Date: 1/5/15

Date: 1/9/15

Date: 1/9/15

Date: 12/31/14

Date: 1/9/15

Date: 12/31/14

Approved: \_\_\_\_\_  
Chief Nursing Officer

Date:

## Community East Deficiencies with PI plans

**Diversion Hours:** Community East Hospital was on diversion 272 hours in 2014 which equaled 3.1%. Community East Hospital has been on diversion 317 hours from January to September 1<sup>st</sup> 2015 which equals 3.6%. Diversion hours from August 2014 through July 2015 (the time we began "in the ACS process" through next consecutive 12 months) were 490 which equaled 5.6%.

In reviewing data from the end of 2014 through early 2015, higher than acceptable diversion hours were identified as a problem. In order to correct that deficiency, senior leadership met in a subcommittee of operations, and determined a PI initiative to correct this deficiency. Since then, our network added to the diversion policy a process addressing trauma diversion. That policy is attached as **Appendix A**, and education has been completed with our house supervisor managing diversion. As of August 2015, we have no diversion hours for trauma, and I will continue to monitor this process to ensure compliance.

**Peer Review/Operations Attendance:** Community Hospital East Peer Review and Operations Committee began quarterly meetings August 2014. Peer Review and Operations Meetings were increased to Bi-monthly in January 2015, as it was determined the work necessary to maintain the trauma program would need to meet more frequently than quarterly. Attached you will find the peer review and operations attendance for those meetings in the **CHE**

**Requirements\_for\_1\_year\_check\_in.xls** "Peer Attendance" and "Operations Attendance" spreadsheets. Three general surgeons actively taking trauma call do not meet the 50% attendance requirement for peer review. Those surgeons have been counseled, and leadership will be determining a PI plan to address compliance.

Community Hospital East separates physician operations from nursing/ancillary operations. You will notice that Peer Review includes limited hospital personnel (limited administrators, ED directors and EMS director). During Peer Review, operations issues are discussed and determined what subcommittees need developed to address. Nursing/Ancillary operations (see attached Operations Attendance tab) meet at least quarterly and as issues arise, subcommittees meet to address those issues and develop a PI plan. While not all of the physician liaisons and surgeons attend this meeting, the Trauma Medical Directors from Community Hospitals East and North attend and any issues from nursing/ancillary operations needing to be discussed at the Peer Review and physician operations are addressed at the next scheduled Peer Review.

**Surgeon Response Times:** Community Hospital East trauma surgeons began responding to Code Trauma activations August 2014. Since then, we have activated our Code Trauma team 52 times. Of those 52 activations, 5 patients were transferred to a Level I trauma center in under 30 minutes, and have not been added to our physician response times log as the surgeon was called off when the patient was transported out. Of the remaining 47 activations, the trauma surgeon on call was at bedside within 30 minutes 28 times (60%). As Community Hospital East is an urban hospital with Level I trauma centers in close proximity, most activations arrive via patient's own vehicle (POV). (Five patients of the fifty-two arrived via EMS without notification from the field and activated as Code Traumas after arrival, however, were determined to be over-triages, and education was completed with ER staff and physicians regarding appropriate Code Trauma activation criteria).

Community Hospital East remains under the 80% required surgeon response. As most of our high level activations arrive via POV, we implemented some of the following initiatives in order to best meet the surgeon response time requirement:

## Community East Deficiencies with PI plans

1. Policy for Code Trauma Activations from triage by the nurse at the main ER triage desk.
2. Review of every Code Trauma Activation and barriers to meeting surgeon response times.
3. Researching either developing in-house trauma surgeon call amongst current surgeon group, or hiring outside trauma surgeons to take trauma call.

### Response Times Log

Name	# of Highest Level Activations	# with surgeon response within required timeframe (15 minutes for Level 1 & 2, 30 minutes for Level 3)	% within required response timeframe (ACS Benchmark= >80% compliance)
Bernie Chabenne	8	5	63%
Joe Pavlik	2	1	50%
Jon Jansen	0	0	
Scott Mimms	13	9	69%
Jose Moreno	7	5	71%
Terry Ihnat	2	1	50%
Kevin McAree	6	2	33%
Jack Ditslear	0	0	
Vince Delumpa	9	5	56%
Totals	47	28	60%

# **Trauma Peer Review Committee Meetings Log**

Trauma Peer Review Committee Member Name	Specialty Represented	9/25/2014	10/7/2014	1/13/2015	3/10/2015	5/12/2015	7/14/2015	9/8/2015	Overall Attendance	Overall Attendance Percentage
Chabenne, Bernie	TMD/Trauma Service	x	x	x	x	x		x	6	88%
Pavlik, Joe	TMD/Trauma Service	x	x	x	x		x	x	6	88%
Jansen, Jon	Trauma Service	x	x	x	x		x	x	6	88%
Delumpa, Vince	Trauma Service		x	x	x	x	x	x	6	88%
Ditslear, Jack	Trauma Service	x	x	x	x	x	x	x	7	100%
Mimms, Scott	Trauma Service	x	x	x	x			x	5	71%
Moreno, Jose	Trauma Service	x	x	x					3	43%
Ihnat, Terry	Trauma Service			x				x	2	29%
McAree, Kevin	Trauma Service								0	0%
Egwu, Victor	Orthopedics		x	x	x	x		x	5	71%
Henne/Harrity	Anesthesia			x	x	x	x		4	57%
Elias, George	Critical Care	x	x	x				x	4	57%
Vonderohe, Eric	EMS/ER	x	x	x	x	x	x	x	7	100%
Godambe, Anjale	Pathology		x	x	x	x	x		5	71%
Cummings, John	Neurosurgery	x	x	x			x	x	5	71%
Ackerman, Bruce	Anesthesia				x			x	2	29%
Croddy, Kristi	TPM CHE	x	x	x	x	x	x	x	7	100%
Malloch, Jeremy	TPM CHN	x	x	x	x	x	x	x	7	100%

**Total Number of Trauma Peer Review Committee meetings held last year:**

7

1. Please place total number of Trauma peer Review Committee meetings held in B23 field.
2. Place all meeting dates in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns. (i.e. if you only had quarterly meetings, then enter dates in C2 through F2)
3. Then list all committee members in column A with their attendance recorded in appropriate columns.
4. The overall attendance will automatically calculate in column O and overall percentage in column P.

**Operational Process Performance Committee Meetings Log**

Operational Process Performance Committee Member Name	Specialty Represented	10/7/2014	1/13/2015	3/10/2015	5/12/2015	7/14/2015	Overall Attendance	Overall Attendance Percentage
Judy Hall	ER CHN	X	X	X	X		4	80%
Mike Kuhn	ER CHE	X	X				2	40%
Jon Bittles	ICU CHN	X			X	X	3	60%
Dina Thompson	ICU CHE	X		X	X		3	60%
Kimacka Randle	Lab CHN/CHE	X		X	X	X	4	80%
Sue Sandberg/David Kiley M	Administration CHN			X	X		2	40%
Paige Dooley	Administration CHE				X		1	20%
Shelby Hurd	Surgery CHE						0	0%
Marci Jones	Surgery/PACU CHN	X				X	2	40%
Joe Pavlik	TMD CHN	X	X	X		X	4	80%
Bernie Chabenne	TMD CHE	X	X	X	X		4	80%
Jeremey Malloch	TPM CHN	X	X	X	X	X	5	100%
Kristi Crodgy	TPM CHE	X	X	X	X	X	5	100%
Shella Castillo	Inpatient Rehab CHE/CHN			X	X		2	40%
Patrick Adsit	Outpatient Rehab CHE/CHN						0	0%
Diane Bohannon	Risk CHE	X					1	20%
Diana Dailidonis	Risk CHN	X					1	20%
David Cruse	Pharmacy CHE/CHN			X	X		2	40%
Dorine Lewis	PACU CHE						0	0%
Tom Jessie	Radiology CHE	X			X		2	40%
Terrie Crocket	Radiology CHN	X					1	20%
John Zartman	EMS CHN/CHE				X		1	20%
Dawn Sullivan-Wright	CNS ER CHN/CHS	X			X		2	40%
Joe Worley	Respiratory Therapy	X					1	20%
Adam Weddle/Julie Packard	Trauma Registrar CHN	X	X	X		X	4	80%
Mary Schober	Trauma Registrar CHE	X		X	X	X	4	80%

# Operations Attendance

Total Number of  
Operational Process  
Performance  
Committee meetings  
held last year:

5

1. Please place total number of Operational Process Performance Committee meetings held in B23 field.
2. Place all meeting dates in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns . (i.e. if you only had quarterly meetings, then enter dates in C2 through F2)
3. Then list all committee members in column A with their attendance recorded in appropriate columns.
4. The overall attendance will automatically calculate in column O and overall percentage in column P.



Total Diversion Hours per month are rounded to the nearest hour.

Date on	Time on	Date off	Time off	Reason	Total Diversion Hours per Occurrence	Total Diversion Hours per month
<b>Jan-15</b>						
1/2/2015	13:30	1/2/2015	23:15	Total Diversion		9:45
1/4/2015	11:34	1/5/2015	16:52	Critical Care Diversion		29:18
1/11/2015	7:38	1/11/2015	16:29	Total Diversion		8:51
1/11/2015	16:29	1/12/2015	0:55	Critical Care Diversion		8:26
1/12/2015	0:55	1/12/2015	3:30	Total Diversion		2:35
1/12/2015	11:38	1/12/2015	13:07	Total Diversion		1:29
1/18/2015	1:00	1/18/2015	4:00	Critical Care Diversion		3:00
1/18/2015	4:00	1/18/2015	21:00	Total Diversion		17:00
1/18/2015	21:00	1/19/2015	20:16	Critical Care Diversion		23:16
1/19/2015	20:16	1/20/2015	13:45	Total Diversion		17:29
1/12/2015	13:07	1/12/2015	23:24	Total Diversion		10:17
						131
<b>Feb-15</b>						
2/9/2015	16:36	2/10/2015	2:35	Total Diversion		9:59
						10
<b>Mar-15</b>						
3/16/2015	22:30	3/17/2015	5:00	Total Diversion		6:30
3/20/2015	1:02	3/20/2015	16:21	Total Diversion		15:19
3/22/2015	4:00	3/22/2015	13:56	Total Diversion		9:56
3/30/2015	4:00	3/30/2015	16:23	Total Diversion		12:23
						44
<b>Apr-15</b>						
4/13/2015	7:18	4/14/2015	18:30	Critical Care Diversion		35:12
						35
<b>May-15</b>						
5/7/2015	1:46	5/7/2015	2:40	No Radiologist		0:54
5/30/2015	0:25	5/30/2015	9:31	Total Diversion		9:06
						10
<b>Jun-15</b>						
6/15/2015	22:10	6/16/2015	6:00	Total Diversion		7:50
6/18/2015	2:26	6/18/2015	12:00	Total Diversion		9:34
						17
<b>Jul-15</b>						
7/2/2015	22:30	7/3/2015	12:30	Critical Care Diversion		14:00
7/4/2015	13:26	7/5/2015	16:35	Critical Care Diversion		27:09
7/7/2015	21:54	7/8/2015	0:45	Critical Care Diversion		2:51

[illegible]

Date on	Time on	Date off	Time off	Reason
Jan-14				
1/6/2014	22:20	1/7/2014	15:21	Total--ED saturation and 13 holding in ER
1/8/2014	10:37	1/8/2014	17:00	Total
1/13/2014	10:29	1/13/2014	18:04	Total--Monitored beds full
1/13/2014	18:09	1/14/2014	8:16	Critical Care
1/18/2014	11:56	1/19/2014	18:04	Total--14 vents in the hospital
Feb-14				
2/20/2014	2:05	2/20/2014	13:30	Critical--beds full
Mar-14				
3/10/2014	17:26	3/11/2014	5:21	Critical--Beds full
Apr-14				
May-14				
Jun-14				
Jul-14				
7/13/2014	4:05	7/13/2014	5:58	Critical Care only
Aug-14				
8/26/2014	17:00	8/27/2014	5:45	Critical Care only
8/31/2014	0:40	8/31/2014	17:44	Total Diversion
Sep-14				
Oct-14				
10/13/2014	00:49AM	10/13/2014	15:08	Critical Care Diversion
Nov-14				
Dec-14				
12/12/2014	13:00	12/12/2014	21:00	
12/13/2014	16:14	12/14/2014	1:00	

12/17/2014	17:13	12/18/2014	15:00	
12/20/2014	0:15	12/20/2014	14:14	
12/22/2014	19:39	12/22/2014	23:55	
12/24/2014	18:45	12/25/2014	15:00	
12/26/2014	9:20	12/26/2014	23:09	
12/28/2014	3:10	12/29/2014	19:02	
12/29/2014	19:53	12/29/2014	23:59	
12/30/2014	13:50	12/30/2014	20:01	
				Per

Total Diversion Hours per Occurrence	Total Diversion Hours per month
17:00	
6:00	
7:00	
14:00	
30:00	
	74
11:00	
	11
12:00	
	12
0:00	
	0
0:00	
	0
0:00	
	0
2:00	
	2
12:45	
5:00	
	18
0:00	
	0
14:11	
	14
0:00	
	0
8:00	
8:46	

Total Diversion Hours per month are rounded

21:47	
13:59	
4:16	
20:15	
13:49	
39:52	
4:06	
6:11	
	141
Total Diversion hours per 2014	272
Total Hours Possible	8760
centage on Diversion for 2014	3.11%

I to the nearest hour.





Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Jul-14	Tuesday	
2-Jul-14	Wednesday	
3-Jul-14	Thursday	
4-Jul-14	Friday	
5-Jul-14	Saturday	
6-Jul-14	Sunday	
7-Jul-14	Monday	
8-Jul-14	Tuesday	
9-Jul-14	Wednesday	
10-Jul-14	Thursday	
11-Jul-14	Friday	
12-Jul-14	Saturday	
13-Jul-14	Sunday	
14-Jul-14	Monday	
15-Jul-14	Tuesday	
16-Jul-14	Wednesday	
17-Jul-14	Thursday	
18-Jul-14	Friday	
19-Jul-14	Saturday	
20-Jul-14	Sunday	
21-Jul-14	Monday	
22-Jul-14	Tuesday	
23-Jul-14	Wednesday	
24-Jul-14	Thursday	
25-Jul-14	Friday	
26-Jul-14	Saturday	
27-Jul-14	Sunday	
28-Jul-14	Monday	
29-Jul-14	Tuesday	
30-Jul-14	Wednesday	
31-Jul-14	Thursday	

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Aug-14	Friday	S.Sexson
2-Aug-14	Saturday	G. Estes
3-Aug-14	Sunday	T. Trancik
4-Aug-14	Monday	T. Trancik
5-Aug-14	Tuesday	J. Kerpsack
6-Aug-14	Wednesday	G. Feliciano
7-Aug-14	Thursday	P. Sailer
8-Aug-14	Friday	R. Kahn
9-Aug-14	Saturday	V. Egwu
10-Aug-14	Sunday	T. Trancik
11-Aug-14	Monday	M. Welsch
12-Aug-14	Tuesday	B. Fink
13-Aug-14	Wednesday	V. Egwu
14-Aug-14	Thursday	B. Fink
15-Aug-14	Friday	B. Fink
16-Aug-14	Saturday	G. Estes
17-Aug-14	Sunday	B. Fink
18-Aug-14	Monday	G. Feliciano
19-Aug-14	Tuesday	V. Egwu
20-Aug-14	Wednesday	J. Sieber
21-Aug-14	Thursday	P. Sailer
22-Aug-14	Friday	J. Sieber
23-Aug-14	Saturday	J. Kerpsack
24-Aug-14	Sunday	P. Sailer
25-Aug-14	Monday	T. Trancik
26-Aug-14	Tuesday	P. Sailer
27-Aug-14	Wednesday	G. Estes
28-Aug-14	Thursday	C. Doxey
29-Aug-14	Friday	B. Fink
30-Aug-14	Saturday	T. Trancik
31-Aug-14	Sunday	J. Sieber

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Sep-14	Monday	C. Doxey
2-Sep-14	Tuesday	G. Feliciano
3-Sep-14	Wednesday	S. Sexson
4-Sep-14	Thursday	B. Fink
5-Sep-14	Friday	J. Kerspack
6-Sep-14	Saturday	B. Fink
7-Sep-14	Sunday	B. Fink
8-Sep-14	Monday	P. Sailer
9-Sep-14	Tuesday	V. Egwu
10-Sep-14	Wednesday	J. Sieber
11-Sep-14	Thursday	M. Sraders
12-Sep-14	Friday	G. Feliciano
13-Sep-14	Saturday	P. Sailer
14-Sep-14	Sunday	T. Trancik
15-Sep-14	Monday	J. Sieber
16-Sep-14	Tuesday	T. Trancik
17-Sep-14	Wednesday	V. Egwu
18-Sep-14	Thursday	M. Sraders
19-Sep-14	Friday	J. Kerspack
20-Sep-14	Saturday	E. Todderud
21-Sep-14	Sunday	T. Trancik
22-Sep-14	Monday	J. Sieber
23-Sep-14	Tuesday	P. Sailer
24-Sep-14	Wednesday	V. Egwu
25-Sep-14	Thursday	S. Sexson
26-Sep-14	Friday	S. Ongwijitwat
27-Sep-14	Saturday	R. Kahn
28-Sep-14	Sunday	M. Sraders
29-Sep-14	Monday	G. Feliciano
30-Sep-14	Tuesday	T. Trancik

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Oct-14	Wednesday	S. Sexson
2-Oct-14	Thursday	J. Kerpsack
3-Oct-14	Friday	V. Egwu
4-Oct-14	Saturday	G. Estes
5-Oct-14	Sunday	P. Sailer
6-Oct-14	Monday	T. Trancik
7-Oct-14	Tuesday	M. Sraders
8-Oct-14	Wednesday	J. Sieber
9-Oct-14	Thursday	S. Ongwijitwat
10-Oct-14	Friday	G. Feliciano
11-Oct-14	Saturday	C. Doxey
12-Oct-14	Sunday	G. Feliciano
13-Oct-14	Monday	B. Fink
14-Oct-14	Tuesday	P. Sailer
15-Oct-14	Wednesday	B. Fink
16-Oct-14	Thursday	V. Egwu
17-Oct-14	Friday	B. Fink
18-Oct-14	Saturday	M. Sraders
19-Oct-14	Sunday	B. Fink
20-Oct-14	Monday	S. Ongwijitwat
21-Oct-14	Tuesday	T. Trancik
22-Oct-14	Wednesday	P. Sailer
23-Oct-14	Thursday	T. Trancik
24-Oct-14	Friday	J. Sieber
25-Oct-14	Saturday	J. Sieber
26-Oct-14	Sunday	S. Sexson
27-Oct-14	Monday	V. Egwu
28-Oct-14	Tuesday	P. Sailer
29-Oct-14	Wednesday	G. Feliciano
30-Oct-14	Thursday	S. Ongwijitwat
31-Oct-14	Friday	R. Eaton

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Nov-14	Saturday	E. Todderud
2-Nov-14	Sunday	S. Ongwijitwat
3-Nov-14	Monday	P. Sailer
4-Nov-14	Tuesday	J. Sieber
5-Nov-14	Wednesday	V. Egwu
6-Nov-14	Thursday	J. Sieber
7-Nov-14	Friday	S. Ongwijitwat
8-Nov-14	Saturday	C. Doxey
9-Nov-14	Sunday	T. Trancik
10-Nov-14	Monday	M. Sraders
11-Nov-14	Tuesday	B. Fink
12-Nov-14	Wednesday	G. Feliciano
13-Nov-14	Thursday	B. Fink
14-Nov-14	Friday	B. Fink
15-Nov-14	Saturday	V. Egwu
16-Nov-14	Sunday	B. Fink
17-Nov-14	Monday	P. Sailer
18-Nov-14	Tuesday	S. Ongwijitwat
19-Nov-14	Wednesday	G. Estes
20-Nov-14	Thursday	M. Sraders
21-Nov-14	Friday	G. Feliciano
22-Nov-14	Saturday	G. Feliciano
23-Nov-14	Sunday	R. Kahn
24-Nov-14	Monday	B. Fink
25-Nov-14	Tuesday	T. Trancik
26-Nov-14	Wednesday	S. Ongwijitwat
27-Nov-14	Thursday	G. Estes
28-Nov-14	Friday	P. Sailer
29-Nov-14	Saturday	G. Estes
30-Nov-14	Sunday	T. Trancik

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Dec-14	Monday	V. Egwu
2-Dec-14	Tuesday	G. Eaton
3-Dec-14	Wednesday	V. Egwu
4-Dec-14	Thursday	S.Ongwijitwat
5-Dec-14	Friday	J. Sieber
6-Dec-14	Saturday	P. Sailer
7-Dec-14	Sunday	J. Kerpsack
8-Dec-14	Monday	P. Sailer
9-Dec-14	Tuesday	T. Trancik
10-Dec-14	Wednesday	M. Sraders
11-Dec-14	Thursday	G. Feliciano
12-Dec-14	Friday	S. Ongwijitwat
13-Dec-14	Saturday	M. Sraders
14-Dec-14	Sunday	S. Ongwijitwat
15-Dec-14	Monday	P. Sailer
16-Dec-14	Tuesday	G. Feliciano
17-Dec-14	Wednesday	S. Sexson
18-Dec-14	Thursday	T. Trancik
19-Dec-14	Friday	C. Doxey
20-Dec-14	Saturday	V. Egwu
21-Dec-14	Sunday	T. Trancik
22-Dec-14	Monday	J. Sieber
23-Dec-14	Tuesday	T. Trancik
24-Dec-14	Wednesday	B. Fink
25-Dec-14	Thursday	S. Sexson
26-Dec-14	Friday	B. Fink
27-Dec-14	Saturday	J. Sieber
28-Dec-14	Sunday	B. Fink
29-Dec-14	Monday	G. Feliciano
30-Dec-14	Tuesday	P. Sailer
31-Dec-14	Wednesday	V. Egwu

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Jan-15	Thursday	R. Kahn
2-Jan-15	Friday	T. Trancik
3-Jan-15	Saturday	G. Estes
4-Jan-15	Sunday	M. Sradars
5-Jan-15	Monday	V. Egwu
6-Jan-15	Tuesday	T. Trancik
7-Jan-15	Wednesday	P. Sailer
8-Jan-15	Thursday	S. Ongwijitwat
9-Jan-15	Friday	J. Kerpsack
10-Jan-15	Saturday	G. Feliciano
11-Jan-15	Sunday	R. Kahn
12-Jan-15	Monday	G. Estes
13-Jan-15	Tuesday	T. Trancik
14-Jan-15	Wednesday	V. Egwu
15-Jan-15	Thursday	S. Ongwijitwat
16-Jan-15	Friday	P. Sailer
17-Jan-15	Saturday	P. Sailer
18-Jan-15	Sunday	V. Egwu
19-Jan-15	Monday	M. Sradars
20-Jan-15	Tuesday	J. Sieber
21-Jan-15	Wednesday	G. Feliciano
22-Jan-15	Thursday	P. Sailer
23-Jan-15	Friday	T. Trancik
24-Jan-15	Saturday	S. Ongijitwat
25-Jan-15	Sunday	C. Doxey
26-Jan-15	Monday	M. Sradars
27-Jan-15	Tuesday	V. Egwu
28-Jan-15	Wednesday	G. Feliciano
29-Jan-15	Thursday	P. Sailer
30-Jan-15	Friday	B. Fink
31-Jan-15	Saturday	E. Todderud

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Feb-15	Sunday	B. Fink
2-Feb-15	Monday	B. Fink
3-Feb-15	Tuesday	B. Fink
4-Feb-15	Wednesday	S. Ongwijitwat
5-Feb-15	Thursday	G. Feliciano
6-Feb-15	Friday	G. Estes
7-Feb-15	Saturday	J. Kerpsack
8-Feb-15	Sunday	T. Trancik
9-Feb-15	Monday	G. Feliciano
10-Feb-15	Tuesday	S. Sexson
11-Feb-15	Wednesday	M. Welsch
12-Feb-15	Thursday	V. Egwu
13-Feb-15	Friday	M. Sraders
14-Feb-15	Saturday	P. Sailer
15-Feb-15	Sunday	J. Sieber
16-Feb-15	Monday	S. Ongwijitwat
17-Feb-15	Tuesday	M. Welsch
18-Feb-15	Wednesday	T. Trancik
19-Feb-15	Thursday	S. Sexson
20-Feb-15	Friday	V. Egwu
21-Feb-15	Saturday	R. Kahn
22-Feb-15	Sunday	T. Trancik
23-Feb-15	Monday	M. Sraders
24-Feb-15	Tuesday	J. Sieber
25-Feb-15	Wednesday	S. Ongwijitwat
26-Feb-15	Thursday	P. Sailer
27-Feb-15	Friday	G. Feliciano
28-Feb-15	Saturday	M. Welsch
		Orthopedist on call



Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Mar-15	Sunday	S. Sexson
2-Mar-15	Monday	T. Trancik
3-Mar-15	Tuesday	V. Egwu
4-Mar-15	Wednesday	P. Sailer
5-Mar-15	Thursday	J. Kerpsack
6-Mar-15	Friday	S. Ongwijitwat
7-Mar-15	Saturday	S. Ongwijitwat
8-Mar-15	Sunday	C. Doxey
9-Mar-15	Monday	G. Feliciano
10-Mar-15	Tuesday	V. Egwu
11-Mar-15	Wednesday	J. Sieber
12-Mar-15	Thursday	C. Doxey
13-Mar-15	Friday	B. Fink
14-Mar-15	Saturday	B. Fink
15-Mar-15	Sunday	G. Estes
16-Mar-15	Monday	B. Fink
17-Mar-15	Tuesday	B. Fink
18-Mar-15	Wednesday	S. Ongwijitwat
19-Mar-15	Thursday	P. Sailer
20-Mar-15	Friday	R. Kahn
21-Mar-15	Saturday	S. Sexson
22-Mar-15	Sunday	R. Kahn
23-Mar-15	Monday	G. Estes
24-Mar-15	Tuesday	M. Welsch
25-Mar-15	Wednesday	J. Kerpsack
26-Mar-15	Thursday	P. Sailer
27-Mar-15	Friday	M. Welsch
28-Mar-15	Saturday	E. Todderud
29-Mar-15	Sunday	J. Kerpsack
30-Mar-15	Monday	P. Sailer
31-Mar-15	Tuesday	G. Feliciano

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Apr-15	Wednesday	S. Ongwijitwat
2-Apr-15	Thursday	V. Egwu
3-Apr-15	Friday	C. Doxey
4-Apr-15	Saturday	J. Sieber
5-Apr-15	Sunday	M. Sraders
6-Apr-15	Monday	V. Egwu
7-Apr-15	Tuesday	T. Trancik
8-Apr-15	Wednesday	S. Ongwijitwat
9-Apr-15	Thursday	S. Sexson
10-Apr-15	Friday	T. Trancik
11-Apr-15	Saturday	V. Egwu
12-Apr-15	Sunday	G. Feliciano
13-Apr-15	Monday	M. Welsch
14-Apr-15	Tuesday	S. Ongwijitwat
15-Apr-15	Wednesday	M. Sraders
16-Apr-15	Thursday	P. Sailer
17-Apr-15	Friday	B. Fink
18-Apr-15	Saturday	B. Fink
19-Apr-15	Sunday	S. Ongwijitwat
20-Apr-15	Monday	B. Fink
21-Apr-15	Tuesday	B. Fink
22-Apr-15	Wednesday	G. Feliciano
23-Apr-15	Thursday	V. Egwu
24-Apr-15	Friday	G. Feliciano
25-Apr-15	Saturday	G. Estes
26-Apr-15	Sunday	P. Sailer
27-Apr-15	Monday	T. Trancik
28-Apr-15	Tuesday	M. Sraders
29-Apr-15	Wednesday	S. Sexson
30-Apr-15	Thursday	S. Ongwijitwat

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-May-15	Friday	Sieber
2-May-15	Saturday	Sieber
3-May-15	Sunday	Egwu
4-May-15	Monday	Trancik
5-May-15	Tuesday	Welsch
6-May-15	Wednesday	Ongwijitwat
7-May-15	Thursday	Sailer
8-May-15	Friday	Sraders
9-May-15	Saturday	Kahn
10-May-15	Sunday	Sexson
11-May-15	Monday	Egwu
12-May-15	Tuesday	Sieber
13-May-15	Wednesday	Sailer
14-May-15	Thursday	Trancik
15-May-15	Friday	Feliciano
16-May-15	Saturday	Feliciano
17-May-15	Sunday	Welsch
18-May-15	Monday	Kerpsack
19-May-15	Tuesday	Sailer
20-May-15	Wednesday	Trancik
21-May-15	Thursday	Sraders
22-May-15	Friday	Welsch
23-May-15	Saturday	Todderud
24-May-15	Sunday	Trancik
25-May-15	Monday	Kerpsack
26-May-15	Tuesday	Feliciano
27-May-15	Wednesday	Sexson
28-May-15	Thursday	Trancik
29-May-15	Friday	Sraders
30-May-15	Saturday	Doxey
31-May-15	Sunday	Ongwijitwat

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Jun-15	Monday	Feliciano
2-Jun-15	Tuesday	Sailer
3-Jun-15	Wednesday	Egwu
4-Jun-15	Thursday	Kerpsack
5-Jun-15	Friday	Sieber
6-Jun-15	Saturday	Ongwijitwat
7-Jun-15	Sunday	Trancik
8-Jun-15	Monday	Feliciano
9-Jun-15	Tuesday	Estes
10-Jun-15	Wednesday	Sieber
11-Jun-15	Thursday	Egwu
12-Jun-15	Friday	Fink
13-Jun-15	Saturday	Fink
14-Jun-15	Sunday	Sraders
15-Jun-15	Monday	Fink
16-Jun-15	Tuesday	Fink
17-Jun-15	Wednesday	Ongwijitwat
18-Jun-15	Thursday	Feliciano
19-Jun-15	Friday	Egwu
20-Jun-15	Saturday	Doxey
21-Jun-15	Sunday	Estes
22-Jun-15	Monday	Welsch
23-Jun-15	Tuesday	Feliciano
24-Jun-15	Wednesday	Ongwijitwat
25-Jun-15	Thursday	Sieber
26-Jun-15	Friday	Trancik
27-Jun-15	Saturday	Todderud
28-Jun-15	Sunday	Kahn
29-Jun-15	Monday	Welsch
30-Jun-15	Tuesday	Feliciano

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Jul-15	Wednesday	Fink
2-Jul-15	Thursday	Fink
3-Jul-15	Friday	Trancik
4-Jul-15	Saturday	Ongwijitwat
5-Jul-15	Sunday	Fink
6-Jul-15	Monday	Sailer
7-Jul-15	Tuesday	Sieber
8-Jul-15	Wednesday	Welsch
9-Jul-15	Thursday	Sraders
10-Jul-15	Friday	Egwu
11-Jul-15	Saturday	Trancik
12-Jul-15	Sunday	Estes
13-Jul-15	Monday	Kerpsack
14-Jul-15	Tuesday	Sraders
15-Jul-15	Wednesday	Sailer
16-Jul-15	Thursday	Egwu
17-Jul-15	Friday	Fink
18-Jul-15	Saturday	Fink
19-Jul-15	Sunday	Doxey
20-Jul-15	Monday	Welsch
21-Jul-15	Tuesday	Estes
22-Jul-15	Wednesday	Sailer
23-Jul-15	Thursday	Ongwijitwat
24-Jul-15	Friday	Sieber
25-Jul-15	Saturday	Sieber
26-Jul-15	Sunday	Welsch
27-Jul-15	Monday	Sexson
28-Jul-15	Tuesday	Feliciano
29-Jul-15	Wednesday	Sraders
30-Jul-15	Thursday	Ongwijitwat
31-Jul-15	Friday	Sailer

Orthopedist on call for Community Hospital East		
Day	Day of the Week	Orthopedist on call
1-Aug-15	Saturday	Sailer
2-Aug-15	Sunday	Sexson
3-Aug-15	Monday	Trancik
4-Aug-15	Tuesday	Sieber
5-Aug-15	Wednesday	Ongwijitwat
6-Aug-15	Thursday	Egwu
7-Aug-15	Friday	Estes
8-Aug-15	Saturday	Estes
9-Aug-15	Sunday	Sraders
10-Aug-15	Monday	Ongwijitwat
11-Aug-15	Tuesday	Welsch
12-Aug-15	Wednesday	Feliciano
13-Aug-15	Thursday	Sailer
14-Aug-15	Friday	Doxey
15-Aug-15	Saturday	Todderud
16-Aug-15	Sunday	Doxey
17-Aug-15	Monday	Welsch
18-Aug-15	Tuesday	Egwu
19-Aug-15	Wednesday	Kerpsack
20-Aug-15	Thursday	Todderud
21-Aug-15	Friday	Sieber
22-Aug-15	Saturday	Sieber
23-Aug-15	Sunday	Welsch
24-Aug-15	Monday	Sailer
25-Aug-15	Tuesday	Sexson
26-Aug-15	Wednesday	Egwu
27-Aug-15	Thursday	Kerpsack
28-Aug-15	Friday	Ongwijitwat
29-Aug-15	Saturday	Ongwijitwat
30-Aug-15	Sunday	Egwu
31-Aug-15	Monday	Feliciano

Date	7a-5p	5p-7a
1-Sep	Helou Quick	Boulos
2-Sep	Helou Elias Joseph Quick	Boulos
3-Sep	Helou Elias Joseph Quick	Boulos
4-Sep	Helou Elias Joseph Quick	Boulos
5-Sep	Helou Elias Joseph Quick	Ackerman
6-Sep	Helou	Ackerman
7-Sep	Helou	Ackerman
8-Sep	Helou Elias Joseph Quick	Ackerman
9-Sep	Helou Elias Joseph Quick	Ackerman
10-Sep	Helou Elias Joseph Quick	Ackerman
11-Sep	Helou Elias Joseph Quick	Ackerman
12-Sep	Helou Elias Joseph Quick	Quick
13-Sep	Joseph	Quick
14-Sep	Joseph	Quick
15-Sep	Helou Elias Joseph	Rhodes
16-Sep	Helou	Rhodes

	Elias Joseph Quick	
17-Sep	Helou Elias Quick	Rhodes
18-Sep	Helou Elias Quick	Rhodes
19-Sep	Helou Elias Quick	Devnani
20-Sep	Rubeiz	Devnani
21-Sep	Rubeiz	Devnani
22-Sep	Elias Quick	Helou
23-Sep	Elias Quick Joseph	Helou
24-Sep	Elias Quick Joseph	Helou
25-Sep	Elias Quick Joseph	Helou
26-Sep	Helou Elias Quick Joseph	Tielker
27-Sep	Haque	Tielker
28-Sep	Haque	Tielker
29-Sep	Helou Elias Joseph Quick	Tielker
30-Sep	Helou Elias Joseph Quick	Tielker



Date	7a-5p	5p-7a
1-Oct	Elias Joseph Quick	Tielker
2-Oct	Joseph Helou Quick	Tielker
3-Oct	Helou Elias Quick	Joseph
4-Oct	Quick	Joseph
5-Oct	Quick	Joseph
6-Oct	Elias Helou Quick	Joseph
7-Oct	Elias Helou Quick	Joseph
8-Oct	Elias Helou Quick	Joseph
9-Oct	Elias Helou Quick	Joseph
10-Oct	Elias Helou Quick	Rubelz
11-Oct	Gianaris	Rubelz
12-Oct	Gianaris	Rubelz
13-Oct	Helou Joseph	Quick
14-Oct	Helou Joseph	Quick
15-Oct	Helou Joseph	Quick
16-Oct	Helou Joseph	Quick
17-Oct	Joseph	Miller
18-Oct	Devnani	Miller
19-Oct	Devnani	Miller
20-Oct	Helou Joseph Quick	Elias
21-Oct	Helou Joseph Quick	Elias
22-Oct	Helou	Elias

	Joseph Quick	
23-Oct	Helou Joseph Quick	Elias
24-Oct	Helou Joseph Quick	Boulos
25-Oct	Helou	Boulos
26-Oct	Helou	Boulos
27-Oct	Joseph Elias Quick	Gianaris
28-Oct	Joseph Elias Quick	Gianaris
29-Oct	Joseph Elias Quick	Gianaris
30-Oct	Joseph Elias Quick	Gianaris
31-Oct	Joseph Elias Quick	Rhodes

Date	7a-5p	5p-7a
1-Nov	Quick	Rhodes
2-Nov	Quick	Rhodes
3-Nov	Elias Helou Joseph Quick	Rubeiz
4-Nov	Elias Helou Joseph Quick	Rubeiz
5-Nov	Elias Helou Joseph Quick	Rubeiz
6-Nov	Elias Helou Joseph Quick	Rubeiz
7-Nov	Elias Helou Joseph Quick	Roesner
8-Nov	Elias	Roesner
9-Nov	Elias	Roesner
10-Nov	Elias Helou Joseph Quick	Roesner
11-Nov	Elias Helou Joseph Quick	Roesner
12-Nov	Elias Helou Joseph Quick	Roesner
13-Nov	Elias Helou Joseph Quick	Roesner
14-Nov	Elias Joseph Quick	Helou
15-Nov	Haque	Helou
16-Nov	Haque	Helou
17-Nov	Elias	Haque

	Joseph Quick	
18-Nov	Elias Helou Joseph Quick	Haque
19-Nov	Elias Helou Joseph Quick	Haque
20-Nov	Elias Helou Joseph Quick	Haque
21-Nov	Elias Helou Quick	Gianaris
22-Nov	Devnani	Gianaris
23-Nov	Devnani	Gianaris
24-Nov	Helou Joseph Quick	Elias
25-Nov	Helou Joseph Quick	Elias
26-Nov	Helou Joseph Quick	Elias
27-Nov	Helou Gianaris	Elias
28-Nov	Helou Gianaris	Haque
29-Nov	Gianaris	Haque
30-Nov	Gianaris	Haque

Date	7a-5p	5p-7a
1-Dec	Elias Helou Joseph Quick	Boulos
2-Dec	Elias Helou Joseph Quick	Boulos
3-Dec	Elias Helou Joseph Quick	Boulos
4-Dec	Elias Helou Joseph Quick	Boulos
5-Dec	Elias Helou Joseph Quick	Miller
6-Dec	Joseph	Miller
7-Dec	Joseph	Miller
8-Dec	Elias Helou Joseph Quick	Miller
9-Dec	Elias Helou Joseph Quick	Miller
10-Dec	Elias Helou Joseph Quick	Miller
11-Dec	Elias Helou Joseph Quick	Miller
12-Dec	Elias Helou Joseph	Quick
13-Dec	Helou	Quick
14-Dec	Helou	Quick
15-Dec	Elias Helou Joseph	Ackerman

16-Dec	Elias Helou Joseph Quick	Ackerman
17-Dec	Elias Helou Joseph Quick	Ackerman
18-Dec	Elias Helou Joseph Quick	Ackerman
19-Dec	Helou Joseph Quick	Elias
20-Dec	Joseph	Elias
21-Dec	Joseph	Elias
22-Dec	Elias Helou Joseph Quick	Rhodes
23-Dec	Elias Joseph Quick	Rhodes
24-Dec	Joseph Quick	Rhodes
25-Dec	Joseph Quick	Rhodes
26-Dec	Joseph Quick	Ackerman
27-Dec	Haque	Ackerman
28-Dec	Haque	Ackerman
29-Dec	Elias Joseph Quick	Helou
30-Dec	Elias Joseph Quick	Helou
31-Dec	Elias Joseph Quick	Helou

Date	7a-5p	5p-7a
1/1/2015	Elias Joseph Quick	Helou
1/2/2015	Elias Joseph Quick	Tielker
1/3/2015	Quick	Tielker
1/4/2015	Quick	Tielker
1/5/2015	Elias Helou Quick	Tielker
1/6/2015	Elias Quick Helou	Tielker
1/7/2015	Quick Helou	Tielker
1/8/2015	Joseph Quick Helou	Tielker
1/9/2015	Joseph Elias Quick	Roesner
1/10/2015	Elias	Roesner
1/11/2015	Elias	Roesner
1/12/2015	Elias Joseph Quick Helou	Tielker
1/13/2015	Elias Joseph Helou Quick	Tielker
1/14/2015	Elias Joseph Quick	Tielker
1/15/2015	Joseph Helou Quick	Tielker
1/16/2015	Joseph Helou Quick	Rhodes
1/17/2015	Gianaris	Rhodes
1/18/2015	Gianaris	Rhodes
1/19/2015	Helou Quick Joseph	Devnani

1/20/2015	Helou Elias Quick Joseph	Devnani
1/21/2015	Helou Elias Quick Joseph	Devnani
1/22/2015	Helou Elias Quick Joseph	Devnani
1/23/2015	Helou Elias Quick Joseph	Rubeiz
1/24/2015	Tielker	Rubeiz
1/25/2015	Tielker	Rubeiz
1/26/2015	Elias Helou Joseph	Quick
1/27/2015	Elias Helou Joseph	Quick
1/28/2015	Elias Helou Joseph	Quick
1/29/2015	Elias Helou Joseph	Quick
1/30/2015	Helou Joseph	Quick
1/31/2015	Helou	Elias



Date	7a-5p	5p-7a
1-Feb	Helou	Elias
2-Feb	Elias Helou Joseph Quick	Gianaris
3-Feb	Elias Helou Joseph Quick	Gianaris
4-Feb	Elias Helou Joseph Quick	Gianaris
5-Feb	Elias Helou Joseph Quick	Gianaris
6-Feb	Elias Helou Joseph Quick	Miller
7-Feb	Joseph	Miller
8-Feb	Joseph	Miller
9-Feb	Elias Helou Joseph Quick	Joseph
10-Feb	Elias Helou Joseph Quick	Rhodes
11-Feb	Elias Helou Joseph Quick	Rhodes
12-Feb	Elias Helou Joseph Quick	Rhodes
13-Feb	Elias Helou Joseph Quick	Joseph
14-Feb	Quick	Joseph
15-Feb	Quick	Joseph
16-Feb	Elias	Joseph

	Helou Quick	
17-Feb	Elias Helou Quick	Joseph
18-Feb	Elias Helou Quick	Joseph
19-Feb	Elias Helou Quick	Joseph
20-Feb	Elias Helou Joseph Quick	Helou
21-Feb	Elias	Helou
22-Feb	Elias	Helou
23-Feb	Elias Helou Joseph Quick	Rubeiz
24-Feb	Elias Helou Joseph Quick	Rubeiz
25-Feb	Elias Helou Joseph Quick	Rubeiz
26-Feb	Elias Helou Joseph Quick	Rubeiz
27-Feb	Elias Helou Joseph Quick	Gianaris
28-Feb	Helou	Gianaris

Date	7a-5p	5p-7a
1-Mar-15	Gianaris	Elias
2-Mar-15	Elias Helou Joseph Quick	Devnani
3-Mar-15	Elias Helou Joseph Quick	Devnani
4-Mar-15	Elias Helou Joseph Quick	Devnani
5-Mar-15	Elias Helou Joseph Quick	Devnani
6-Mar-15	Elias Helou Quick	Boulos
7-Mar-15	Ackerman	Boulos
8-Mar-15	Ackerman	Boulos
9-Mar-15	Helou Quick	Elias
10-Mar-15	Helou Quick	Elias
11-Mar-15	Helou Quick	Elias
12-Mar-15	Helou Quick	Elias
13-Mar-15	Helou	Quick
14-Mar-15	Haque	Quick
15-Mar-15	Haque	Quick
16-Mar-15	Elias Helou	Miller
17-Mar-15	Elias Helou Quick Joseph	Miller
18-Mar-15	Elias Helou Quick Joseph	Miller
19-Mar-15	Elias Helou Quick	Miller

	Joseph	
20-Mar-15	Helou Quick Joseph	Haque
21-Mar-15	Helou	Haque
22-Mar-15	Helou	Haque
23-Mar-15	Helou Quick Joseph	Boulos
24-Mar-15	Helou Quick Joseph	Boulos
25-Mar-15	Helou Quick Joseph Elias	Boulos
26-Mar-15	Helou Quick Joseph Elias	Boulos
27-Mar-15	Helou Quick Joseph Elias	Haque
28-Mar-15	Rubeiz	Haque
29-Mar-15	Rubeiz	Haque
30-Mar-15	Elias Helou Joseph Quick	Ackerman
31-Mar-15	Elias Helou Joseph Quick	Ackerman

Date	7a-5p	5p-7a
1-Apr	Elias Helou Joseph Quick	Ackerman
2-Apr	Elias Helou Joseph Quick	Ackerman
3-Apr	Elias Helou Joseph Quick	Roesner
4-Apr	Joseph	Roesner
5-Apr	Joseph	Roesner
6-Apr	Joseph Quick	Haque
7-Apr	Joseph Quick	Haque
8-Apr	Joseph Quick	Haque
9-Apr	Joseph Quick	Haque
10-Apr	Joseph Quick	Gianaris
11-Apr	Quick	Gianaris
12-Apr	Quick	Gianaris
13-Apr	Elias Joseph Quick	Helou
14-Apr	Elias Joseph Quick	Helou
15-Apr	Elias Joseph Quick	Helou
16-Apr	Elias Joseph Quick	Helou
17-Apr	Elias Joseph Quick	Tielker
18-Apr	Elias	Tielker
19-Apr	Elias	Tielker
20-Apr	Elias Helou Joseph	Tielker

	Quick	
21-Apr	Elias Helou Joseph Quick	Tielker
22-Apr	Elias Helou Joseph Quick	Tielker
23-Apr	Elias Helou Joseph Quick	Tielker
24-Apr	Elias Helou Joseph Quick	Miller
25-Apr	Haque	Miller
26-Apr	Haque	Miller
27-Apr	Elias Helou Joseph Quick	Roesner
28-Apr	Elias Helou Joseph Quick	Roesner
29-Apr	Elias Helou Joseph Quick	Roesner
30-Apr	Elias Helou Joseph Quick	Roesner

Date	7a-5p	5p-7a
1-May	Elias Helou Joseph Quick	Rhodes
2-May	Elias	Rhodes
3-May	Elias	Rhodes
4-May	Elias Helou Joseph Quick	Devnani
5-May	Elias Helou Joseph Quick	Devnani
6-May	Elias Helou Joseph Quick	Devnani
7-May	Elias Helou Joseph Quick	Devnani
8-May	Elias Joseph Quick	Helou
9-May	Joseph	Helou
10-May	Joseph	Helou
11-May	Elias Helou Joseph	Quick
12-May	Elias Helou Joseph	Quick
13-May	Elias Helou Joseph	Quick
14-May	Elias Helou Joseph	Quick
15-May	Elias Helou Joseph	Ackerman
16-May	Gianris	Ackerman
17-May	Gianris	Ackerman
18-May	Helou Joseph	Gianaris

	Quick	
19-May	Helou Joseph Quick	Gianaris
20-May	Helou Joseph Quick	Gianaris
21-May	Helou Joseph Quick	Gianaris
22-May	Helou Joseph Quick	Boulos
23-May	Helou	Boulos
24-May	Helou	Boulos
25-May	Helou Joseph Quick	Haque
26-May	Helou Joseph Quick Elias	Haque
27-May	Helou Joseph Quick Elias	Haque
28-May	Helou Joseph Quick Elias	Haque
29-May	Helou Quick Elias	Joseph
30-May	Quick	Joseph
31-May	Quick	Joseph



Date	7a-5p	5p-7a
1-Jun	Elias Helou Quick	Joseph
2-Jun	Elias Helou Quick	Joseph
3-Jun	Elias Helou Quick	Joseph
4-Jun	Elias Helou Quick	Joseph
5-Jun	Elias Helou Quick	Miller
6-Jun	Haque	Miller
7-Jun	Haque	Miller
8-Jun	Elias Helou Joseph Quick	Rubeiz
9-Jun	Elias Helou Joseph Quick	Rubeiz
10-Jun	Elias Helou Joseph Quick	Rubeiz
11-Jun	Elias Helou Joseph Quick	Rubeiz
12-Jun	Elias Helou Joseph Quick	Haque
13-Jun	Helou	Haque
14-Jun	Helou	Haque
15-Jun	Helou Joseph Quick	Elias
16-Jun	Helou Joseph Quick	Elias
17-Jun	Helou	Elias

	Joseph Quick	
18-Jun	Helou Joseph Quick	Elias
19-Jun	Helou Joseph Quick	Devnani
20-Jun	Gianaris	Devnani
21-Jun	Gianaris	Devnani
22-Jun	Elias Helou Joseph Quick	Miller
23-Jun	Elias Helou Joseph Quick	Miller
24-Jun	Elias Helou Joseph Quick	Miller
25-Jun	Elias Helou Joseph Quick	Miller
26-Jun	Elias Helou Joseph	Quick
27-Jun	Devnani	Quick
28-Jun	Devnani	Quick
29-Jun	Elias Joseph	Helou
30-Jun	Elias Joseph Quick	Helou

Date	7a-5p	5p-7a
1-Jul	Elias Joseph Quick	Helou
2-Jul	Elias Joseph Quick	Helou
3-Jul	Elias Joseph Quick	Rubeiz
4-Jul	Joseph	Rubeiz
5-Jul	Joseph	Rubeiz
6-Jul	Elias Helou Joseph Quick	Ackerman
7-Jul	Elias Helou Joseph Quick	Ackerman
8-Jul	Elias Helou Joseph Quick	Ackerman
9-Jul	Elias Helou Joseph Quick	Ackerman
10-Jul	Helou Joseph Quick	Elias
11-Jul	Roesner	Elias
12-Jul	Roesner	Elias
13-Jul	Elias Helou Joseph Quick	Rubeiz
14-Jul	Elias Helou Joseph Quick	Rubeiz
15-Jul	Elias Helou Joseph Quick	Rubeiz
16-Jul	Elias Helou	Rubeiz

	Joseph Quick	
17-Jul	Elias Helou Joseph Quick	Gianaris
18-Jul	Rubeiz	Gianaris
19-Jul	Rubeiz	Gianaris
20-Jul	Elias Joseph Quick	Boulos
21-Jul	Elias Joseph Quick	Boulos
22-Jul	Elias Joseph Quick	Boulos
23-Jul	Elias Joseph Quick	Boulos
24-Jul	Elias Joseph Quick	Tielker
25-Jul	Elias	Tielker
26-Jul	Elias	Tielker
27-Jul	Elias Helou Joseph Quick	Tielker
28-Jul	Elias Helou Joseph Quick	Tielker
29-Jul	Elias Helou Joseph Quick	Tielker
30-Jul	Elias Helou Joseph Quick	Tielker
31-Jul	Elias Helou Joseph Quick	Tielker

	Joseph Quick	
20-Aug	Elias Helou Joseph Quick	Devnani
21-Aug	Elias Helou Joseph Quick	Haque
22-Aug	Joseph	Haque
23-Aug	Joseph	Haque
24-Aug	Elias Helou Joseph Quick	Haque
25-Aug	Elias Helou Joseph Quick	Haque
26-Aug	Elias Helou Joseph Quick	Haque
27-Aug	Elias Helou Joseph Quick	Haque
28-Aug	Elias Helou Joseph Quick	Boulos
29-Aug	Elias	Boulos
30-Aug	Elias	Boulos
31-Aug	Elias Helou Joseph Quick	Gianaris

Date	7a-5p	5p-7a
1-Aug	Quick	Joseph
2-Aug	Quick	Joseph
3-Aug	Elias Helou Quick	Joseph
4-Aug	Elias Helou Quick	Joseph
5-Aug	Elias Helou Quick	Joseph
6-Aug	Elias Helou Quick	Joseph
7-Aug	Elias Helou Quick	Rhodes
8-Aug	Helou	Rhodes
9-Aug	Helou	Rhodes
10-Aug	Elias Helou Joseph	Quick
11-Aug	Elias Helou Joseph	Quick
12-Aug	Elias Helou Joseph	Quick
13-Aug	Elias Helou Joseph	Quick
14-Aug	Elias Helou Joseph	Ackerman
15-Aug	Haque	Ackerman
16-Aug	Haque	Ackerman
17-Aug	Elias Helou Joseph Quick	Devnani
18-Aug	Elias Helou Joseph Quick	Devnani
19-Aug	Elias Helou	Devnani